

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9319
Registrar's No. 2802

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 38 years years, months or days)

8. (a) PRINT
FULL NAME Frank Probert

8. (b) If veteran, name war No 8. (c) Social Security No. 492-07-9017

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fannie Gertrude Probert 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Dec. 24, 1889 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 2 28 hr. min.

9. Birthplace Unknown — England (City, town, or county) (State or foreign country)

10. Usual occupation Sup. Construction Work

11. Industry or business Hutting Sash & Door Co.

MOTHER FATHER { 12. Name Geo Probert
13. Birthplace Unknown England (City, town, or county) (State or foreign country)
14. Maiden name Lena Berry
15. Birthplace Unknown England (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Frank Probert
(b) Address 1605 78th St., U-City, Mo.
17. (a) Burial (b) Date thereof 3-26-40 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Chas. Anderson & Sons
(b) Address 617 S. Delmar
19. (a) MAR 26, 1940 (b) J. F. Brudish (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town University City N.R. (If outside city or town limits, write "RURAL")
(d) Street No. 1605 78th Street (If rural, give location)
(e) If foreign born, how long in U. S. A. 38 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 1940 hour 9:20 M.

21. I hereby certify that I attended the deceased from 3-14, 1940 to 3-22, 1940
that I last saw him alive on 3-22 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Duodenal Ulcer Duration 7 days

Due to Cause Not Known

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Two more non-perforated ulcers of duodenum Of autopsy Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? (e) Means of injury _____

23. Signature John D. Hayward (M. D. or other) _____
Address Metropolitan Bldg Date signed 2-27-40

Haywood
S. C. P. 117
M. H. 117

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Elbert E. White, Registered Apprentice No. 209
working under my personal supervision.

Signed Geo. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6120 Demar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.